

Guidance for Evaluating Individuals with Class B TB Conditions

Every effort should be made to contact individuals with a TB classified condition as soon as possible upon receiving notification. The goal for the National TB Indicators Project (NTIP) is to identify TB infection or TB disease as quickly as possible after individuals with a class B TB condition enter the United States. The indicators used to measure our strengths or challenges include initiating the evaluation within 30 days of notification and completing the evaluation within 120 days of notification. Districts should make multiple attempts to contact these individuals, including written correspondence, phone calls, and home visits. If the client has moved, update the address in EDN. If unable to locate client at all, complete the TB Follow-Up Worksheet accordingly and submit through EDN.

Districts are expected to submit information (1) as soon as possible after initiating an evaluation, (2) as soon as a decision has been made on what to do with the patient (recommendation for starting meds, final cultures received, etc.), (3) when patient completes meds. It is recommended to use the “save” function in EDN (this will result in an “in progress” status for the form). Once everything has been completed use the “submit” function in EDN (this will result in a “complete” status for the form).

Class Type	Meaning	Expected Evaluation	Follow up
A	Individual has TB; Admission to the US requires a waiver. This type of admission is very rare.	<ul style="list-style-type: none"> ▪ Contact as soon as possible to begin DOT for continuation of treatment. ▪ Health History and Risk Assessment ▪ Chest x-ray (preferably with comparison to overseas film) ▪ Sputum collection x3, induce if necessary 	<ul style="list-style-type: none"> ▪ Notify TB Program through REDCap ▪ Complete course of treatment ▪ Complete and submit TB F/U Worksheet
B0	Applicants who were diagnosed with tuberculosis by the panel physician or presented to the panel physician while on tuberculosis treatment and successfully completed DGMQ-defined <u>DOT</u> under the supervision of a panel physician prior to immigration. Travel clearance is valid for 3 months from the date final cultures are reported as negative.	<ul style="list-style-type: none"> ▪ Health History and Risk Assessment ▪ Chest x-ray (preferably with comparison to overseas film) ▪ IGRA test* <ul style="list-style-type: none"> ▪ Not needed if individual has documentation of a positive IGRA or if they have documentation of successfully completed TB treatment ▪ Sputum collection x3, induce if necessary 	<ul style="list-style-type: none"> ▪ Notify TB Program through REDCap ▪ Complete and submit TB F/U Worksheet

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B1 – Pulmonary	<p>No treatment</p> <p>-Applicants who have medical history, physical exam, or CXR findings suggestive of pulmonary tuberculosis but have negative AFB sputum smears and cultures and are not diagnosed with tuberculosis or can wait to have tuberculosis treatment started after immigration.</p> <p>Completed treatment</p> <p>- Applicants who were diagnosed with pulmonary tuberculosis and successfully completed directly observed therapy prior to immigration. The cover sheet should indicate if the initial sputum smears and cultures were positive and if drug susceptibility testing results are available.</p>	<ul style="list-style-type: none"> ▪ Health History and Risk Assessment ▪ Chest x-ray (preferably with comparison to overseas film) ▪ IGRA test*(TST if <2) <ul style="list-style-type: none"> ▪ Needed for those with a positive or negative TST or negative IGRA ▪ Not needed if individual has documentation of a positive IGRA or if they have documentation of successfully completed TB treatment ▪ Sputum collection x3, induce if necessary 	<ul style="list-style-type: none"> ▪ Notify TB Program through REDCap ▪ Provide treatment for TB disease or LTBI as needed <ul style="list-style-type: none"> ▪ Treatment for LTBI should be held until final cultures have been received ▪ Complete and submit TB F/U Worksheet
B1 - Extrapulmonary	<p>Applicants with evidence of extrapulmonary tuberculosis. The anatomic site of infection should be documented.</p>		
B2	<p>Applicants who have a tuberculin skin test ≥ 10 mm or positive IGRA but otherwise have a negative evaluation for tuberculosis. The size of the TST reaction or IGRA result, the applicant's status with respect to LTBI treatment, and the medication(s) used should be documented. For applicants who had more than one TST or IGRA, all dates and results and whether the applicant's TST or IGRA converted should be documented. Contacts with TST ≥ 5 mm or positive IGRA should receive this classification (if they are not already Class B1 TB, Pulmonary).</p>	<ul style="list-style-type: none"> ▪ Health History and Risk Assessment ▪ IGRA test* (TST if <2) <ul style="list-style-type: none"> ▪ Not needed if individual has documentation of a positive IGRA ▪ If TST positive overseas, repeat with IGRA or TST if <2 ▪ Additional testing (x-ray, sputum) if IGRA/TST positive or if symptomatic 	<ul style="list-style-type: none"> ▪ Notify TB Program through REDCap for presumptive or confirmed active TB or through the online morbidity report for LTBI ▪ Provide treatment as needed ▪ Complete and submit TB F/U Worksheet

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B3	Applicants who are a recent contact of a known tuberculosis case. The size of the applicant's TST reaction or IGRA response should be documented. Information about the source case, name, alien number, relationship to contact, and type of tuberculosis should also be documented.	<ul style="list-style-type: none"> ▪ Health History and Risk Assessment ▪ IGRA test* <ul style="list-style-type: none"> ▪ Ensure that a minimum of 8-10 weeks has passed since last exposure to contact ▪ Additional testing (x-ray, sputum) if IGRA/TST positive or if symptomatic 	<ul style="list-style-type: none"> ▪ Notify TB Program through REDCap for presumptive or confirmed active TB or through the online morbidity report for LTBI ▪ Provide treatment as needed ▪ Complete and submit TB F/U Worksheet

*The recommendation for IGRA testing is in response to TB Technical Instructions implemented October 1, 2018. The CDC recommends using IGRA testing beginning at age 2. TSTs may be used in children less than 2 years of age. All others should receive an IGRA.

Reference: Centers for Disease Control. (2009). *Tuberculosis Technical Instructions*. Retrieved from CDC - Immigrant and Refugee Health: <https://www.cdc.gov/immigrantrefugeehealth/pdf/tuberculosis-ti-2009.pdf>

Diagnosis Categories for TB Classified Individuals

Class 0: No TB exposure	<ul style="list-style-type: none"> ▪ Negative TST or IGRA ▪ No history of exposure
Class 1: TB exposure, no evidence of infection. Exposure to TB but does not have latent TB infection	<ul style="list-style-type: none"> ▪ Negative TST or IGRA ▪ No evidence of infection ▪ History of exposure to tuberculosis but negative TST
Class 2: TB infection, no disease – LTBI	<ul style="list-style-type: none"> ▪ Positive test for TB infection ▪ Negative microscopy/bacteriology results ▪ No clinical or radiographic evidence of tuberculosis
Class 3: TB – Active TB disease	<ul style="list-style-type: none"> ▪ Clinically active tuberculosis ▪ Person must have clinical and/or radiologic evidence of tuberculosis <ul style="list-style-type: none"> ▪ Established most definitively by isolation of <i>M. tuberculosis</i> ▪ In absence of a positive culture for <i>M. tuberculosis</i>, persons in this class must have a positive reaction to the TST or IGRA ▪ Class 3 is further defined as pulmonary, extra-pulmonary, both sites on the follow-up form
Class 4: Tuberculosis, inactive disease old, healed, inactive TB disease	<ul style="list-style-type: none"> ▪ History of previous episode(s) of TB or abnormal stable radiographic findings ▪ Positive test for TB infection ▪ Negative microscopy/bacteriology ▪ No clinical and/or radiographic evidence of current disease